DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: **04-CR-544**
Defendant: **KUN FUK CHENG**	Type of Process: **Forfeiture - Service**

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Hui Guo, c/o Stephen R. Coffey, Esq. O'Connell, Aronowitz Law Firm, 54 State Street, 9th Floor, Albany, NY 12207

Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

Signature of Attorney or other Originator requesting service on behalf of:		Telephone No.	Date
[signature] /Thomas A. Capezza, AUSA	(X)Plaintiff ( ) Defendant	518-431-0247	2/14/06

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.______	District to Serve No.______	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature]	2/15/06

I HEREBY CERTIFY AND RETURN THAT I( ) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. (✓)HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above.	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service: 2/16/06- Mail Time of Service ( ) a.m. ( ) p.m. Signature,Title and Treasury Agency: [signature], Special Agent, IRS-CI

REMARKS:

A certified copy of the Preliminary order of Forfeiture and Notice of Publication and Forfeiture were sent by Certified Mail to the address listed above on 2/16/06.

(Hui Guo, c/o Stephen R. Coffey, Esq. O'Connel, Aronowitz Law Firm 54 State St. 9th Floor - Albany, NY 12207).

7005 0390 0005 8339 5887

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

ALBANY, NY 12207

Postage	$ 1.11	UNIT ID: 0616
Certified Fee	2.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		Clerk: KJ42QC
Total Postage & Fees	$ 5.36	02/16/06

Sent To: Hui Guo c/o Stephen Coffey Esq
Street, Apt. No.; or PO Box No.: O'Connell, Aronowitz Law Firm 54 State St 9th Fl
City, State, ZIP+4: Albany NY 12207

PS Form 3800, June 2002 — See Reverse for Instructions

16050034
16050035

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hui Guo
c/o Stephen R Coffey Esq
O'Connell, Aronowitz Law Firm
54 State Street, 9th Fl
Albany, NY 12207

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Paul Moore ☐ Agent ☐ Addressee

B. Received by (Printed Name): Paul Moore
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7005 0390 0005 8339 5887

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7005 0390 0005 8339 5887

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

ALBANY, NY 12207

Postage	$ 1.11	UNIT ID: 0616
Certified Fee	2.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		Clerk: KJ42QC
Total Postage & Fees	$ 5.36	02/16/06

Sent To: Hui Guo c/o Stephen Coffey, Esq
Street, Apt. No.; or PO Box No.: O'Connell, Aronowitz Law Firm 54 State St 9th Fl
City, State, ZIP+4: Albany NY 12207

PS Form 3800, June 2002 — See Reverse for Instructions

16050034
16050035

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hui Guo
c/o Stephen R. Coffey Esq
O'Connell, Aronowitz Law Firm
54 State Street, 9th Fl
Albany, NY 12207

2. Article Number (Transfer from service label) 7005 0390 0005 8339 5887

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [handwritten] C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes